



**TOWN OF SCITUATE
BOARD OF HEALTH
POST STORM INSPECTION SHEET**

1. Name of Inspector _____

Address _____

Telephone Number _____

2. Address Inspected _____

Owner _____

Owner Address (if different) _____

Telephone Number _____

3. Date of Storm _____

Date of Inspection _____

4. Type of System and Condition _____

Cesspool No. Size Cover Intact Yes No

Septic Tank Size Filter Yes No

Leaching Trenches Yes No Number

Leaching Field Yes No Number of Pipe Lines

D-Box Yes No Intact Yes No

Innovative System Yes No Type

Blower Intact Yes No Wiring Exposed To Water Yes No

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Building Sewer Intact Yes No Secured Yes No

Covers Intact Yes No Septic Tank D-Box Pit Pump

Pipes Intact Yes No Which Ones Aren't

Pipe Connections to Components Watertight Yes No Which Ones Aren't

Septic Tank Cracked Yes No

Pump Chamber Cracked Yes No

5. How Much Cover Material is Over:

Septic Tank Inches

Pump Chamber n/a Inches

D-Box Inches

SAS – Leaching Area Inches

Additional Comments:

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Please show approximate location of system components relative to house:

Signature of Title 5 Inspector

Date
